## NACCORSO

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



600333795996

2019 SEP -6 PM 4: 51 TALLÄHÄSSEE, FLORIDI

Y SCOTT SEP 0 9 2019 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 909259

AUTHORIZATION :

COST LIMIT :

ORDER DATE: September 6, 2019

ORDER TIME : 3:40 PM

ORDER NO. : 909259-120

CUSTOMER NO: 4377560

FOREIGN FILINGS

**-**:

: NAME: HARSCO IKG, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY XX \_\_\_ PLAIN STAMPED COPY \_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

## **COVER LETTER**

. .

	Registration Section Division of Corporations	s				
UBJECT	Harsco IKG, LLC					
		Name of Li	mited Liability (	Company	-	_
ie enclos sistence.	sed "Application by Fore and check are submitted	rign Limited Liability Compa to register the above referen	ny for Authoriza ced foreign limi	ntion to Transact ted liability comp	Business in Florida, pany to transact busi	" Certificate of iness in Florid
ease retu	urn all correspondence co	oncerning this matter to the fo	llowing:			
	Ping Dai					
	<del> </del>	Nan	ne of Person		<del></del> _	_
	Harsco IKG, LL	С			2019 S TĂLĹ)	944
		Fim	n/Company		- F	
	1514 South Shel	don Road			SSEC TO	<del>-</del>
			Address			
	Channelview, T	X 77530			4: 51	
		City/Star	te and Zip Code			-
	pdai@harsco.com					
	<del></del>	E-mail address: (to be used f	or future annual	report notification	on)	-
r further	r information concerning	this matter, please call:				
,A	Amy Gilbert		216 at (	479-8500		
	Name of	Contact Person	Area Code	Daytime T	elephone Number	-
D R P.	IAILING ADDRESS: Division of Corporations egistration Section .O. Box 6327 fallahassee, FL 32314			STREET ADD Division of Cor Registration Sec Clifton Building 2661 Executive Tallahassee, FL	porations etion 3 Center Circle	
	nclosed is a check for the lease make check payable	e following amount: e to: FLORIDA DEPARTM	IENT OF STAT	ГE		
Ē	\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status		Filing Fee & ed Copy	S160.00 Filing of Status & Cer	

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPIJANCE WITH SECTION 605.0902. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; must include "Limit	ted Liabilit	v Company." "L.I. C.," or "LLC.")			
·	, , ,		, ,,,			
116	name adopted for the purpose of transacting business in Fl					
	name adopted for the purpose of transacting business in r	londa I he a	fternale name must include "Lumied Liab	otlity Compan	Ņ," "L.L.С	," or "LLC."
Delaware 2.		3.	84-2520329	_	2	
(Jurisdiction under the law of w	high foreign limited hability company is organized)	٦,	(FEI munib	er, if applicat	ok)	
08/01/2019 4.				AHA	SEP	
<del>4</del>	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	o registration	<u> </u>	- 8	9-	;
		nane penany	Hadinity)	m.	ъ	
1514 South Sheldon R 5.		6	1514 South Sheldon Road	اللار الار الار	PH 4	<del>,</del> —,
5. (Street Address of I	Principal Office)	0.	(Mailing Addr	ج ر <del>ند</del> اهه	<del>က်</del>	
Channelview, TX 7753	30		Channelview, TX 77530	DA.	<u> </u>	
<del></del>						
7. Name and street addres	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> a	acceptable)			
	Corporation Service Company					
Name:						
Name: Office Address:	1201 Hays Street					

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Lydia Cohen

Asst. Vice President

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
Manager	Name: Sam Fenice	☐ Manager	Name:	
□Member	Address:	☐ Member	Address:	
Authorized	Channelview, TX 77530	Authorized		
Person		Person	-	- :
Other	Other	Other	<del></del>	
■Manager  □Member  □Authorized  Person  □Other	Name: Mike Kolinsky  Address: 1514 South Sheldon Road  Channelview, TX 77530   Other	☐ Manager ☐ Member ☐ Authorized Person ☐ Other	Name:	뜻의 그걸 보다 그
Manager	Name: Jon Ploetz	☐ Manager	Name:	
Member	Address: 1514 South Sheldon Road	☐ Member		
Authorized	Channelview, TX 77530	Authorized		
Person		Person		
Other	Other	Other		Other
<ul><li>9. Attached is a cert jurisdiction under th of the translator mus</li><li>10. This document i</li></ul>	s executed in accordance with section 605.020 ment to the Department of State constitutes a t	Torida Department of State, duly authenticated by the stee is in a foreign language,	Annual Reponsition Annual Reponsition a translation	ort form.  Ig custody of records in the of the certificate under oath that any false information

Typed or printed name of signee

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HARSCO IKG, LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE SIXTH DAY OF SEPTEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HARSCO IKG, LLC"
WAS FORMED ON THE NINETEENTH DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

ANYS OF THE PARTY OF THE PARTY

Authentication: 203545699

Date: 09-06-19

7522309 8300 SR# 20196909788